

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S): \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		4				
6		4				
7		4				
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50						
TOTAL IND.	2					
TOTAL DEP.	46					
TOTAL CLAIMS	48					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

L. W. Wu

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X						51					
2		X					52					
3		X					53					
4	X						54					
5		X					55					
6		X					56					
7		X					57					
8		X					58					
9		X					59					
10		X					60					
11		X					61					
12		X					62					
13		X					63					
14		X					64					
15		X					65					
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47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	13	↙	↙	↙			Total Depend	↙	↙	↙		
Total Claims	15						Total Claims					

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